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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90127 020 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **848325**

1. Corporation Name

**NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**

Principal Place of Business

Mailing Address

51 MADISON AVE.  
NEW YORK NY 10010

51 MADISON AVE.  
NEW YORK NY 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1981**

4. FEI Number

**13-3044743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TREASURER & INSURANCE COMMISSIONER  
FLORIDA DEPARTMENT OF INSURANCE  
200 EAST GAINES STREET  
TALLAHASSEE FL 32399-6562**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STERNBERG, SEYMOUR	
STREET ADDRESS	51 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10010	

1.1 TITLE	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Anthony Knox Harland	
1.3 STREET ADDRESS	51 Madison Avenue	
1.4 CITY-ST-ZIP	New York, NY 10010	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TRAPP, GEORGE JOSEPH	
STREET ADDRESS	51 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George J. Trapp	
2.3 STREET ADDRESS	51 Madison Avenue	
2.4 CITY-ST-ZIP	New York, NY 10010	

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	CALHOUN, JAY S 111	
STREET ADDRESS	51 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	

3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jay S. Calhoun, III	
3.3 STREET ADDRESS	51 Madison Avenue	
3.4 CITY-ST-ZIP	New York, NY 10010	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROCK, ROBERT DONALD	
STREET ADDRESS	51 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert D. Rock	
4.3 STREET ADDRESS	51 Madison Avenue	
4.4 CITY-ST-ZIP	New York, NY 10010	

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	FREDERICK J SIEVERT	
STREET ADDRESS	51 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10010	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHENG, WILLIAM Y	
STREET ADDRESS	51 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maryann Ingenito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maryann Ingenito

4/16/99

212-576-7170

Date

Daytime Phone #

CR2E034 (11/98)

848325  
444707-90127  
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**NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**

(Incorporated Delaware, November 3, 1980.  
Subsidiary of New York Life Insurance Company  
200 Continental Drive, Newark, NJ 19713)

**DIRECTORS**

Howard I. Atkins	51 Madison Avenue, New York, NY 10010
Frank M. Boccio	51 Madison Avenue, New York, NY 10010
Michael G. Gallo	51 Madison Avenue, New York, NY 10010
Solomon Goldfinger	51 Madison Avenue, New York, NY 10010
Phillip J. Hildebrand	51 Madison Avenue, New York, NY 10010
Richard M. Kernan, Jr.	51 Madison Avenue, New York, NY 10010

**OFFICERS**

Howard I. Atkins <i>Executive Vice President and Chief Financial Officer</i>	51 Madison Avenue, New York, NY 10010
Gary G. Benanav <i>Executive Vice President</i>	51 Madison Avenue, New York, NY 10010
Michael J. McLaughlin <i>Senior Vice President and General Counsel</i>	51 Madison Avenue, New York, NY 10010
Stephen N. Steinig <i>Senior Vice President and Chief Actuary</i>	51 Madison Avenue, New York, NY 10010
Thomas J. Warga <i>Senior Vice President and General Auditor</i>	51 Madison Avenue, New York, NY 10010
Maryann L. Ingenito <i>Vice President and Controller</i>	51 Madison Avenue, New York, NY 10010